

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS			
STANDARD CERTIFICATE OF DEATH			
1 PLACE OF DEATH		Registration District No. <u>753779</u>	
County <u>Polk</u>	State <u>N.C.</u>	Register No. <u>4</u>	
Township <u>Columbus</u>	or Village <u>Sandy Plains</u>	City _____ St. _____ Ward _____	
2 FULL NAME <u>Rachel Ann McKinney</u> (If death occurred in a hospital or institution, give its name instead of street and number)			
(a) Residence, No. _____ St. _____ Ward _____ (Usual place of abode)		(If nonresident give city or town and State)	
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?	
_____ yrs.	_____ mos.	_____ ds.	_____ yrs. _____ mos. _____ ds.
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 Sex <u>Female</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word)	
6 Date of Birth (month, day, and year) <u>Jan 14 1854</u>			
7 Age	years	Months	Days
<u>75</u>		<u>4</u>	<u>1</u>
8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____			
9 Birthplace (city or town) _____ (State or country) <u>N.C.</u>			
10 Name of Father <u>A. H. Dycus</u>			
11 Birthplace of Father (city or town) _____ (State or country) <u>N.C.</u>			
12 Maiden Name of Mother <u>Susie Dye</u>			
13 Birthplace of Mother (city or town) _____ (State or country) <u>N.C.</u>			
14 Informant (Address) _____			
15 Filed <u>6-30-29</u> <u>L. Holmud</u> REGISTRAR			
16 Date of Death (month, day, and year) <u>May 20 1929</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 1 1929</u> to <u>May 20 1929</u> that I last saw <u>her</u> alive on <u>May 16 1929</u> and that death occurred, on the date stated above, at <u>2 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u> (duration) _____ yrs. _____ mos. _____ ds. Contributory (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted <u>Place of Death</u> If not at place of death? _____ Date of _____ Did an operation precede death? <u>No</u> Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Obvial</u> (Signed) <u>A. R. Walden</u> M. D. _____, 19 <u>29</u> (Address) <u>Leeds Ferry, N.C.</u>			
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19 Place of Burial, Cremation, or removal <u>Greens Creek Church</u>		Date of Burial <u>May 21 1929</u>	
20 Undertaker <u>J. Blackwell</u>		Address <u>Cherokee</u>	

RACHEL ANN DYCUS MC KINNEY

GENDER: FEMALE
 RACE: WHITE
 AGE: 75
 BIRTH DATE: 19 JAN 1854
 BIRTH PLACE: NORTH CAROLINA,
 UNITED STATES
 DEATH DATE: 20 MAY 1929
 DEATH LOCATION: COLUMBUS;
 SANDY PLAINS, POLK
 SPOUSE'S NAME: W P MC KINNEY
 FATHER'S NAME: A G DYCUS
 MOTHER'S NAME: SUSIE DYE